

**Congressman
John Shimkus**
19th Congressional District, Illinois



PRIVACY ACT RELEASE
*Constituent Request for Service
Consent for Release of Personal
Records by Executive Agencies*

I have sought assistance from Congressman Shimkus on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems in this case with Congressman Shimkus or any authorized member of his staff until this matter is resolved.

(Your name: please print)

(Date)

(Your signature)

(Date of birth)

(Mailing address)

(City)

(State)

(Zip code)

(Your home telephone number. If none, number where you can be reached.)

(Home email address)

(Work email address)

(Social Security number)

(VA claim number or Medicare number, if applicable)

Please provide an explanation of the matter you would like Congressman Shimkus to pursue. Please use the reverse side of this form or attach a separate piece of paper if additional space is needed:

If possible, it would be greatly appreciated if you would please provide copies of any correspondence from the agency involved in this matter. Please return this form to the designated office:

____ 240 Regency Centre, Collinsville, IL 62234 or fax to (618) 344-4215

____ 3130 Chatham Road, Suite C, Springfield, IL 62704 or fax to (217) 492-5096

____ City Hall, Room 12, 110 East Locust, Harrisburg, IL 62946 or fax to (618) 252-8317

____ 221 East Broadway, Suite 102, Centralia, IL 62801 or fax to (618) 532-1896

____ 120 South Fair Street, Olney, IL 62450 or fax to (618) 395-8178